

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
LAND OF HEALTH, LC

PROJECT NAME
URSA MAJOR

PROJECT ID
S550017 ✓

DUE DATE
07/29/2005

ANNUAL FEE
\$ 150

AMOUNT DUE
\$ 150

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

TAX ID OR SOCIAL SECURITY #

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

<i>Change of Address</i>	
Contact	RECEIVED JUL 18 2005
Address	
<i>DIV. OF OIL, GAS & MINING</i>	
E-Mail Address	_____
State	Zip
Phone	_____

Please make check payable to:
Division of Oil, Gas and Mining